

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement of \$106.00 for date of service 06/18/01.
- b. The request was received on 05/21/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA
  - c. TWCC 62 form
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Response to a Request for Dispute Resolution
  - b. Medical Records
  - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/25/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 06/26/02. The response from the insurance carrier was received in the Division on 07/03/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: The requestor states in the correspondence dated 04/30/02 that...  
  
"I respectfully ask that you accept the enclosed medical dispute on (Claimant) for consideration of payment of \$106.00 –for initial physical therapy evaluation that was provided to patient on 6/18/01."

2. Respondent: the Respondent's Representative states in the correspondence dated 07/03/02 that:

The (Carrier) supports the position that the 99204 level of office visit was not documented (Exhibit 1) for date of service 06/18/01 (See requester's TWCC 60 packet) with a comparison of the requester's documentation with the American Medical Association's requirement for a comprehensive history, comprehensive examination and medical decision making of moderate complexity level office visit. (Exhibit 2)"

#### IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 06/18/01.
- The denial codes listed on the EOB are "COD1-F-T,N-DOCUMENTATION DOES NOT SUPPORT THE SERVICE BILLED. CARRIERS MAY NOT REIMBURSE THE SERVICE AT ANOTHER BILLING CODE'S VALUE PER RULE 133.301(B). A REVISED CPT CODE OR DOCUMENTATION TO SUPPORT THE SERVICE MAY BE SUBMITTED."
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
06/18/01	99204	\$106.00	\$0.00	T-F-N	\$106.00	MFG E/M (IV)(C)(2); MFG MGR (I)(7) CPT descriptor	"The physical or occupational therapist's initial evaluation (which excludes treatment) is limited to codes 99202, 99203, or 99204 depending on the level of service provided. Treatment may be performed on the same day as an initial evaluation." "Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity." The medical documentation does contain a comprehensive history, a comprehensive examination and medical decision making of moderate complexity. Therefore, reimbursement is recommended in the amount of <b>\$106.00</b> .
<b>Totals</b>		\$106.00	\$0.00				The Requestor is entitled to reimbursement in the amount of <b>\$106.00</b> .

#### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$106.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

MDR: M4-02-3687-01

This Order is hereby issued this 30<sup>th</sup> day of October 2002.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb